

EF08283995545

PTO/SB/01 (10-01)

Approved for use through 10/31/2002. OMB 0651-0032

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)	Attorney Dock t Number	KG0005
	First Named Inventor	Gilstrap
	COMPLETE IF KNOWN	
	Application Number	NA /
	Filing Date	7-2-03
<input checked="" type="checkbox"/> Declaration Submitted with Initial Filing	OR	<input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)
	Art Unit	NA
	Examiner Name	NA

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Handlebar/Stem Mounted Bicycle Wheel Holding Device

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

(Page 1 of 2)

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION — Utility or Design Patent ApplicationDirect all correspondence to: ☒Customer Number
or Bar Code LabelOR ☐

Correspondence address below

36489

PATENT TRADEMARK OFFICE

Name

Address

City

State

ZIP

Country

Telephone

Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR :

☐ A petition has been filed for this unsigned inventorGiven Name
(first and middle [if any])

Keith

Family Name
or Surname

Gilstrap

Inventor's
Signature

Date 6-16-03

Residence: City

Glenwood Springs

State

CO

Country

USA

Citizenship

USA

Mailing Address

1818 Colorado Ave. #103

City

Glenwood Springs

State

CO

ZIP

81601

Country

USA

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventorGiven Name
(first and middle [if any])

Doug

Family Name
or Surname

Golenz

Inventor's
Signature

Date

Residence: City

Louisville

State

CO

Country

USA

Citizenship

USA

Mailing Address

942 Sunflower Street

City

Louisville

State

CO

ZIP

80027

Country

USA

☐ Additional inventors are being named on the ____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Dock t Number	KG-0005
	First Named Inv ntor	Gilstrap
	COMPLETE IF KNOWN	
	Application Number	NA /
	Filing Date	7-2-03
	Art Unit	NA
	Examiner Name	NA

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Device

(Title of the Invention)

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☒ is attached hereto

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☐ was filed on (MM/DD/YYYY)

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Application Number and was amended on (MM/DD/YYYY) (if applicable).

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I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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[Page 1 of 2]

DECLARATION — Utility or D sign Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/>		Customer Number or Bar Code Label 		OR <input type="checkbox"/> Correspondence address below	
36489 PATENT TRADEMARK OFFICE					
Name					
Address					
City		State		ZIP	
Country		Telephone		Fax	
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>					
NAME OF SOLE OR FIRST INVENTOR :			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) Keith			Family Name or Surname Gilstrap		
Inventor's Signature					Date
Residence: City Glenwood Springs		State CO		Country USA	
Citizenship USA					
Mailing Address 1818 Colorado Ave. #103					
City Glenwood Springs		State CO		ZIP 81601	
Country USA					
NAME OF SECOND INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) Dong			Family Name or Surname Golenz		
Inventor's Signature					Date 6-12-03
Residence: City Louisville		State CO		Country USA	
Citizenship USA					
Mailing Address 942 Sunflower Street					
City Louisville		State CO		ZIP 80027	
Country USA					
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

EF0828395545

Please type a plus sign (+) inside this box → ☐

PTO/SB/81 (02-01)

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	NA
Filing Date	7-2-03
First Named Inventor	Gilstrap
Title	Handlebar/Stem Mounted Bicycle Wheel
Group Art Unit	NA Hubbing Device
Examiner Name	NA
Attorney Docket Number	KG-000

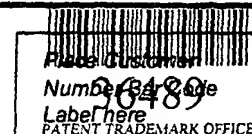
I hereby appoint:

☒ Practitioners at Customer Number

OR

☐ Practitioner(s) named below:

Name	Registration Number



as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

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Individual Name

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Address

City

State

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Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

Signature

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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Application Number	NA
Filing Date	7-2-03
First Named Inventor	Gilstrap
Title	Handlebar/Stem Mounted Bicycle Wheel
Group Art Unit	NA Holding Device
Examiner Name	NA
Attorney Docket Number	KG-000

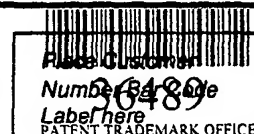
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OR

☐ Practitioner(s) named below:

Name	Registration Number



as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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☐ Practitioners at Customer Number

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

Signature

Date

Keith Gilstrap
Dana Golenz
6-12-07

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